



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

November 14, 2006

Ron Hedelius, Administrator  
Pine Brook Assisted Living of Idaho Falls  
1140 Science Center Dr  
Idaho Falls, ID 83402

FILE COPY

License #: RC-813

Dear Mr. Hedelius:

On October 5, 2006, a complaint investigation, state licensure survey was conducted at Pine Brook Assisted Living of Idaho Falls. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Patrick Hendrickson, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

PATRICK HENDRICKSON, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

PH/slc



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October 19, 2006

Ron Hedelius, Administrator  
Pine Brook Assisted Living of Idaho Falls  
1140 Science Center Dr  
Idaho Falls, ID 83402

Dear Mr. Hedelius:

On October 5, 2006, a complaint investigation, state licensure survey was conducted at Pine Brook Assisted Living of Idaho Falls. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by November 4, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Simpson', written over a horizontal line.

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R813</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/05/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>PINE BROOK ASSISTED LIVING OF IDAHO FA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1140 SCIENCE CENTER DR IDAHO FALLS, ID 83402</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health survey conducted on 10/4/06. The surveyors conducting the standard health survey were:</p> <p>Patrick Hendrickson, RN. Team Coordinator Health Facility Surveyor</p> <p>Rebecca Winter, RN. Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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October 19, 2006

Ron Hedelius, Administrator  
Pine Brook Assisted Living of Idaho Falls  
1140 Science Center Dr  
Idaho Falls, ID 83402

Dear Mr. Hedelius:

On October 5, 2006, a complaint investigation survey was conducted at Pine Brook Assisted Living of Idaho Falls. The survey was conducted by Patrick Hendrickson, R.N. and Rebecca Winter, R.N. This report outlines the findings of our investigation.

**Complaint # ID00001675**

**Allegation #1:** Background checks were not being done on caregivers.

**Findings:** Based on interview and record review it was determined that background checks were completed on caregivers.

Review of 4 random employees files on October 4, 2006 revealed the facility completed background checks on all 4 employees.

On October 4, 2006 1:30 p.m., the house manager stated it was the facility's policy to do background checks on all potential employees. Further, she stated she had no knowledge of any employee that did not have a background check.

**Conclusion:** Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation conducted on October 4, 2006.

**Allegation #2:** Unused medications, including controlled substances, were not being accounted for and medications were missing.

Findings: Based on observation, interview and record review it was determined that unused medications, including controlled substances, were being accounted for and medications were not missing.

Review of 4 random resident's medications and medication administration records on October 4, 2006 documented medications were being accounted for.

Review of the facility's "Resident Controlled Medication Accountability Record" and controlled substances in the facility documented controlled substances were being accounted for.

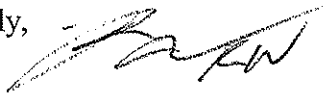
Review of the facility's "Medication Destruction Log" documented that unused medications were being accounted for and disposed appropriately.

On October 4, 2006 at 2:00 p.m., the house manager stated the facility uses medication administration record forms, resident controlled medication accountability records and medication destruction log's per policy to document all medication activity.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation conducted on October 4, 2006.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,



PATRICK HENDRICKSON, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

PH/slc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <b>Phoebe Brook AL Center of ID Falls</b>	Physical Address <b>11440 Science &amp; Center DR</b>	Phone Number <b>542-6856</b>
Administrator <b>Ron Hedelius</b>	City <b>ID Falls</b>	ZIP Code <b>83402</b>
Survey Team Leader <b>P. Hendrichsen</b>	Survey Type <b>SB</b>	Survey Date <b>10-5-06</b>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
#1	300.01	The facility RN did not delegate dressing changes for Resident #3. Additionally Resident's 3 and 4 new orders were not delegated. "medication assistance with admit orders."	11-6-06 PH	
#2	300.02	The facility's RN did not review and implement new orders prescribed by the residents phy upon admission.		
#3	305.02	The facility's Nurse did not ensure all resident's <sup>"3 &amp; 4"</sup> medication orders were current. Additionally Resident #3 did not have orders for dressing tx's.	11-6-06 PH	
#4	305.01	The facility nurse did not assess bed rails.	11-6-06 PH	
#5	305.08	The facility <sup>nurse</sup> did not assess educational needs for residents.	11-6-06 PH	
#6	310.01	Medications were given to residents from bulk containers.	11-6-06 PH	
#7	310.01A	Medications were not under a locked area i.e. Insulin.	11-6-06 PH	
#8	310.01D	3 Staff members gave medications through a G-tube and were not certified to do so.	11-6-06 PH	
#9	310.02	Unused medications accumulated longer than 30 days in the facility i.e. Insulin.	11-6-06 PH	
#10	320	Resident #1's N/A was not developed within 14 days. Additionally there was no interim plan of care for resident #4	11-6-06 PH	

Response Required Date

11-5-06

Signature of Facility Representative

*[Handwritten Signature]*

Date Signed

10-6-06



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Pine Brook AL Center of ID Falls</i>	Physical Address <i>1140 Science Center DR</i>	Phone Number <i>542-6856</i>
Administrator <i>Ron Herdelius</i>	City <i>ID Falls</i>	ZIP Code <i>542-6856 83402</i>
Survey Team Leader <i>P. Hendrickson</i>	Survey Type <i>S/S</i>	Survey Date <i>10-5-06</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
11.	630	Staff were not provided specialized training.	11-6-06 <i>RP</i>	
<del>12.</del>	<del>640</del>	<del>Staff were not provided 8° of job related continuing training</del> Resolved		
13.	710.04	Resident #1 record did not contain a HEP.	11-6-06 <i>RP</i>	
14.	711.08B	Dressing changes were not documented.	11-6-06 <i>RP</i>	
15.	711.09	Residents 1, 4's record did not have current medication orders and resident #3's record did not contain orders for dressing changes.	11-6-06 <i>RP</i>	
16.	711.11	Staff did not document all medication's not taken.	11-6-06 <i>RP</i>	
17.	730.01h	Staff records 1 of 2 did not contain delegation from the nurse.	ROS	
18.	735.01	The facility did not maintain a temp log for fridge medications.		
<del>19</del>	<del>310.01<sup>450</sup></del>	The facility had discrepancies in food code.	11-6-06 <i>RP</i>	
20	310.01b	Chemicals were not under lock and key	11-6-06 <i>RP</i>	

Response Required Date <i>11-5-06</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>10-6-06</i>
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